

# CLAIMS ONLY

Application Number

10/688,947

Filing Date

Applicant(s)

\* May be used for additional claims or amendments

| CLAIMS | AS FILED<br>7/27/05 |        | AFTER FIRST AMENDMENT |        | AFTER SECOND AMENDMENT |        | * May be used for additional claims or amendments |  |        |  |       |        |
|--------|---------------------|--------|-----------------------|--------|------------------------|--------|---|--|--------|--|-------|--------|
|        | Indep               | Depend | Indep                 | Depend | Indep                  | Depend | Indep   |  | Depend |  | Indep | Depend |
| 1      |                     |        |                       |        |                        |        |   |  |        |  |       |        |
| 2      |                     |        |                       |        |                        |        |   |  |        |  |       |        |
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| Claims | 16                  |        |                       |        |                        |        |   |  |        |  |       |        |

  

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Best Available Copy